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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/518,389 11/06/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 05/31/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 25	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

56949

TITLE

NOVEL MULTipeptIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCELAR INFLAMMATION/AUTOIMMUNE DISORDERS

FILING FEE RECEIVED 1476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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